

living, in looking round this great country to-day with its many well-organized hospitals and training-schools, must be filled with pride and gratitude for the mighty harvest which has been reaped from their little grain of mustard-seed—for is not Bellevue the mother of them all?

(To be continued.)

SHOULD THE MEDICAL PROFESSION ENCOURAGE THE STATE REGISTRATION OF NURSES? *

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BEFORE answering this question it may be well to look at the subject from several points of view. Hence I have divided it into three divisions: I. What it will do for the nurses. II. What it will do for the public. III. What it will do for the profession. I think I can demonstrate that what it will do for the first two it will also do for us.

I. WHAT IT WILL DO FOR THE NURSES.—It will afford nurses that mutual help which only comes from association with one another at meetings and from reading journals devoted to their calling. Getting acquainted with the best nurses in the profession, as well as with their work, will beget a desire to emulate their example. This can only result in good. Those that forge ahead will unconsciously establish a standard and beget a competition that cannot be but helpful to those below if there is the right stuff in them, or else compel their elimination from the field. Registration, by compelling examinations, will establish a certain standard; and we know from experience that the tendency is constantly to raise the standard. There will be established preliminary examinations to determine their fitness for the study of nursing, which will exclude many who are good enough nurses *per se*, but deficient in general knowledge. This is in keeping with the spirit of the times in other professions,—that none but the best shall practise,—and establishes a desirable aristocracy of intellect. Furthermore, State regulation will establish certain other examinations, independent of those of the training-school, to determine their fitness to practise nursing after they have studied it. Thus gradually the title “R. N.” or “T. N.” will come to stand for a certain definite standard. At present there is no desire to prevent anyone from nursing, only the public should know exactly what

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these outsiders represent. Raising the standard of requirements will further weed out the unfit and prevent overcrowding, with its attendant deterioration of wages and unscrupulousness in service and conduct.

II. WHAT IT WILL DO FOR THE PUBLIC.—The public is seldom able to judge of the merits of a nurse until after a trial, and often not then. This trial may be fatal to the nurse in question, but the family may be again fleeced by the very next nurse it gets. And should this costly experience be too often met with, it will beget a contempt for all nursing, which is neither good for the public nor the physician and nurse. Miss Constance V. Curtis tells of a woman who posed as a nurse and undertook the management of a case of enteric fever. The patient was very ill. She gave no baths, ice, milk, or water. He had a severe bed-sore. She allowed no visitors to see him and thus hear his story of neglect. She told visitors that the doctor forbade it. If he complained to his physician, she told the doctor that the patient was delirious. Had she been a registered nurse she would not have been so ignorant, or, at least, there would have been a remedy at law for her imposition. To the public, registration and licensing will come to mean a certain standard, as the word "sterling" does for silver.

Registration will insure the keeping of records, showing whether a nurse is what she claims to be as to graduation data and as to fitness, and whether she is living up to the standards from year to year. It will also bring about more uniformity. This information will be at the disposal of the public all the time.

III. WHAT IT WILL DO FOR THE PROFESSION.—We, as physicians, realize that such avocations as have to do with the life and death of an individual, or even his daily welfare, should have certain restrictions placed upon them by the State. This we find in the case of physicians, pharmacists, and attorneys. For the physician registration will mean the elimination of illegal competition by those who have put neither time nor money into an education to qualify themselves for their responsible positions in life. It will insure to him a supply of fairly uniform nurses, upon whom he can rely to carry out his instructions. It will mean that he will not have to answer for poor results caused by mismanagement on the part of incompetent nurses. He will know that his patient is getting the best nursing available, and if the quality is poor, he has an organized body to which he can appeal for betterment. The New York law, for instance, insists that schools registered with the Regents must maintain proper standards.

The leading physicians of the four States now having registration—viz., Virginia, North Carolina, New York, and New Jersey—have been warm workers in its behalf. This is as it should be. While the profes-



"SHACK"



INTERIOR OF "SHACK"



CLOTHING WORN IN THE DAYTIME..



READY FOR BED IN THE "SHACK"

sions of nursing and medicine have their distinct spheres, yet they are intimately connected, and since nursing is looked upon more and more as a necessity, it behooves the physician to champion any cause looking to the betterment of the nursing body. In dividing the subject into three sections, I realize that arguments appearing in one section might be employed with advantage in another, perhaps. But the division is purely arbitrary, and the three are so nearly related that the good of one is the good of all. The subject is just being agitated in comparatively recent times, and so I could not get all the literature I desired. But I trust that I have presented enough arguments to show why we as a profession should encourage State registration. So, in answer to my subject, I shall say, "Yes."

THE OPEN-AIR TREATMENT FOR TUBERCULAR CHILDREN

[THE Children's Hospital in Boston has been trying a very interesting experiment in open-air treatment for children suffering with the different forms of tubercular disease, and through the courtesy of Sister Caroline we are privileged to publish this little sketch with illustrations showing the result of the first winter's work. The "shack" playroom is to be a marked feature of the new buildings which the hospital is to complete in the near future.—ED.]

A wooden "shack" has been erected at Wellesley Hills and connected by a covered way to the house temporarily in use as the Convalescent Home of the Children's Hospital, Boston.

This "shack" is twenty feet by forty feet, lighted by ten windows in the roof—five on either side. These swing down like a transom and are kept open day and night. There are also windows in either end. The long sides are made like barn doors and can be opened two-thirds the entire length, either on one or both sides. The ones on the southwest side are kept open in moderate weather.

The building and covered way cost eight hundred and ninety dollars. It is furnished with twelve wooden, canvas-covered cots, and two "Champion Railway Heaters." A fire is kept in one all the time and in the second in severe weather.

This building was opened December 26, 1903. Ten to twelve children have slept there every night since that date, and it is also used as a playroom by the fifteen children who sleep in the house.

The children sleep in flannel nightgowns, flannel nightcaps, and woollen bed socks, and between blankets. In the daytime they have on flannel underwear, flannel dresses, sweaters, and woollen hoods.